DECLASSIFIED

Date 5-6-81

ROUTING AND TRANSMITTAL SLIP

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. Mr. James L. Ward - CA/OCS/EMR N.S.--4807		
2.		
3.		
4.		
5.		

EXCISE

	Action		File		Note and Return
	Approval		For Clearance		Per Conversation
X	As Requested		For Correction		Prepare Reply
	Circulate	X	For Your Information		See Me
	Comment		Investigate		Signature
	Coordination		Justify		

REMARKS

[redacted] did not come in. B6

[redacted]

I owe you guys a lunch.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
PPT/NY - Joseph R. Callahan	Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

DEPARTMENT OF STATE A/CDC/MR
REVIEWED BY [signature] DATE MAR 1 5 1984
RDS ☐ or XDS ☐ EXT. DATE _____
TS AUTH. _____ REASON(S) _____
ENDORSE EXISTING MARKINGS ☐
DECLASSIFIED ☐ RELEASABLE ☐
RELEASE DENIED ☐ [signature]

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